

**GEORGIA PRESCHOOL ASSOCIATION
DISTINGUISHED CERTIFICATE OF RECOGNITION**

Nomination Form

Please read the application carefully before beginning to complete the form. Selection will be based only on the information contained within this application. Please be thorough and concise. Copies may be made of this form. All areas must be filled out. Faxed copies will not be accepted.

NOMINEE:

Name: _____
 First Middle Last

(This person must be a member of the Georgia Preschool Association when nominated).

POSITION: Choose one of the following categories:

Entire Staff, Director, Assistant Director, Teacher (age group), Assistant Teacher (age group),
Support Person, Rookie of the Year, or other _____.

SCHOOL INFORMATION:

Full Name of School: _____

Address: _____

Street Number Apt. Number

City State Zip County

Phone: _____ e-mail address: _____

District Number (refer GPA web site): www.georgiapreschool.org _____

Director's Name: _____ e-mail: _____

BRIEFLY STATE YOUR REASON FOR NOMINATING THIS INDIVIDUAL / GROUP:

Please limit your response to one additional typed page including the following information in your narrative: (1) Number of years individual has been teaching, (2) Number of years with your staff, (3) Function and position at your school, (4) If the person is a teacher, specify the age group with whom they are working, (5) Explain how you know the nominee: ie: is he/she your director, assistant director, co-worker, classroom assistant, child's teacher, etc., (6) Explain why you feel this person is deserving of this award including the unique qualities that make him/her an excellent teacher of young children, (7) List any community services or outside volunteer activities with which the nominee may be involved, (8) Give any other characteristics and /or qualities your nominee possesses that would make him/her outstanding in the teaching or working with young children.

INFORMATION OF INDIVIDUAL MAKING THIS NOMINATION

Name: _____
 First Middle Last

Address: _____

Street Number Apt. Number

State Zip County

Phone: _____ e-mail: _____

Application must be postmarked on or before Friday, February 1, 2014 to be accepted. The person nominating will be notified of the committee's decisions by e-mail. Be sure to give an e-mail address. In cases where the director will be receiving an award, he/she will not be notified to keep from spoiling the surprise.

Amy Wraga

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